

Application to Merge Stannington Medical Centre with Walkley House Medical Centre**Primary Care Commissioning Committee meeting****D****23 June 2022**

Author(s)	Abigail Tebbs, Deputy Director of Primary Care
Sponsor Director	Sandie Buchan, Director of Commissioning Development
Purpose of Paper	
To seek approval for the application to merge Stannington Medical Centre with Walkley House Medical Centre.	
Key Issues	
The practices have submitted a case of change and other information in support of their proposed merger and this has been reviewed by the CCG. The CCG's recommendations to Primary Care Commissioning Committee (PCCC) are set out in the cover paper.	
Is your report for Approval / Consideration / Noting	
Approval	
Recommendations / Action Required by Primary Care Commissioning Committee	
The Primary Care Commissioning Committee is asked to: Approve the application to merge Stannington Medical Centre Health Centre with Walkley House Medical Centre with the recommendation that the practice continues to review and measure the impact of change and to work with the Quality and Engagement teams to further mitigate against any that may arise post-merger.	
What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?	
Strategic Objectives: 1. To improve patient experience and access to care 4. To ensure there is a sustainable, affordable healthcare system in Sheffield	
Does this report relate to a formal statutory / delegated Primary Care responsibility of the CCG?	
If so please state which function? Yes – delegated function 5 – Future Planning	

Are there any Resource Implications (including Financial, Staffing etc)?

Yes, funding to support practice systems merger of £2,089.16 plus VAT, subject to RPI increase in April (which is the norm)

Additional resource from the CCG including Primary Care , the Merger Group, IT data quality and IT service engineers as part of core business.

Have you carried out an Equality Impact Assessment and is it attached?

Yes, Equality Impact Assessment (EIA) and Quality Equality Impact Assessment (QEIA) attached

Have you involved patients, carers and the public in the preparation of the report?

The practices have undertaken an engagement exercise with their patients, the results are presented in the paper.

Application to Merge Stannington Medical Centre with Walkley House Medical Centre

Primary Care Commissioning Committee meeting

23 June 2022

1. Introduction

Walkley House Medical Centre and Stannington Medical Centre wish to merge and have provided a case for change and other documentation in support of their application.

The partners holding the GMS contract for Walkley House Medical Centre took over the GMS contract for Stannington Medical Centre when the previous contract holder Dr Shurmer retired in 2021.

This application is the culmination of a period of transition by the leadership and staff of both practices to bring the contracts clinical systems and back-office functions together as one practice. It has been reviewed by the CCG and approval is recommended.

Subject to PCCC approval the merger will take place on 28 and 29 June 2022.

2. Contracts

The partners of Walkley House Medical Centre have held the respective GMS contracts for both practices since January 2022 when they varied onto the Stannington Medical Centre contract and the incumbent contract holder, who wished to retire, varied off the contract.

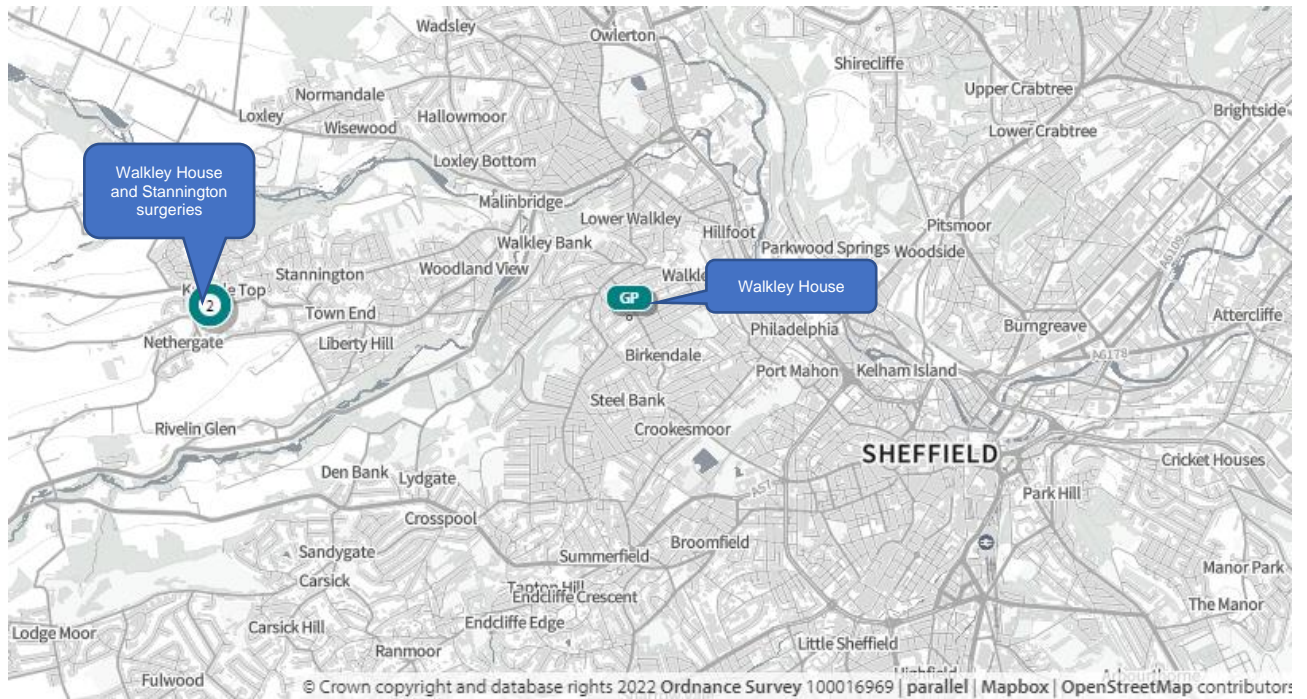
The contract holders have identified their preferred merger model and subject to approval by PCCC, the CCG will terminate the contract for Stannington Medical Centre and vary the contract for Walkley House Medical Centre to include the services originally provided by Stannington Medical Centre and the new practice will be known as Walkley House with Stannington Medical Centre.

There have been no contract notices or remedial action issued against either contract in the last three years.

The previous contract holder for Stannington Medical Centre opted out of the Primary Care Network (PCN) Directed Enhanced Services (DES). The CCG commissioned PCN DES services for his practice population from West 5 PCN. Walkley House Medical Centre is a member of West 5 PCN and following the change of contractor Stannington Medical Centre have joined West 5 PCN enabling patients registered with Stannington Medical Centre to benefit from PCN membership.

The merger and direction of travel has been discussed with and is supported by the Local Medical Committee (LMC).

The map overleaf shows the location of the three practice sites.



3. Registered Patient Population and Catchment Areas

Subject to PCCC approval the registered population of the merged practice would be 15,811. The actual registered patient population of both practices and list size changes over the last five years are set in the table below.

Practice	Apr-17	Apr-18	Apr-19	Apr-20	Apr-21	Apr-22	Movement
Walkley House Medical Centre	11,462	11,751	11,984	12,213	12,348	12,556	9.5%
Stannington Medical Centre	3,137	3,198	3,319	3,378	3,336	3,255	3.8%

The practices do not intend to change their catchment areas following merger.

4. Patient Engagement, Quality and Equality Impact Assessment (QEIA)

This merger was not deemed to be a significant change affecting patients and therefore engagement plans have not been presented to SPIEEC for consideration. However, support was provided to the practices by the CCG Patient Engagement Team to undertake patient engagement in advance of this application to merge.

The practices received 2022 responses (a significant response rate) to its engagement and the key themes from the responses were:

- Don't want to close either site - there was some confusion over what the proposal to merge would mean to the sites.
- General acceptance as people did not see that it would have any impact on them.
- Access to more doctors and services a positive for Stannington MC patients.
- Concern that merging could have an impact on appointment availability and waiting times.
- Concern that continuity of care and personal service may be diminished.
- More bookable appointments.

The full analysis of the engagement is attached at appendix 3 to this report. No issues of concern have been identified with the merger proposal

The practice has completed a QEIA that has been reviewed with the CCG Quality Team. The QEIA is attached to this paper. No issues of concern have been identified in relation to the proposed merger.

5. Premises

Walkley House Medical Centre has two sites, both owned by the contract holders. The surgery at Stannington is co-located in the same building as Stannington Medical Centre.

There will be no change to practice location or premises following the merger. The proposed merger aligns with the CCG Primary Care Estates Strategy.

6. Access and Services

The practices have been undergoing a transition in preparation for formal merger request. Details of current and proposed access arrangements and service provision are included within the business case.

As part of the transition Walkley House provided clinical and management support to Stannington Medical Centre.

Following the merger patients currently registered at Stannington Medical Centre will have access to an extended range of services and extended opening hours.

7. Quality and Patient Experience

Both practices were rated good by CQC at their last inspection. Areas where the practices were identified as doing well in the 2021 GP Survey were:

Walkley House Medical Centre	Stannington Medical Centre
87% of respondents find it easy to get through to this GP practice by phone Local (CCG) average: 63% National average: 68%	99% of respondents find it easy to get through to this GP practice by phone Local (CCG) average: 63% National average: 68%
85% of respondents describe their experience of making an appointment as good Local (CCG) average: 68% National average: 71%	98% of respondents describe their experience of making an appointment as good Local (CCG) average: 68% National average: 71%
79% of respondents are satisfied with the general practice appointment times available Local (CCG) average: 65% National average: 67%	88% of respondents usually get to see or speak to their preferred GP when they would like to Local (CCG) average: 44% National average: 45%

Stannington Medical Centre patient response scored exceeded the CCQ mean for all questions. It is noted that while patients at Walkley House report good experience and access and enjoy a wide range of services, those at Stannington Medical Centre

reported very high levels of satisfaction with the level of service and access provided by Dr Shurmer.

While the merger will bring increased access to services and longer reported opening hours with no material impact it is likely that the experience of a number of patients have express reluctance about the merger and may experience a negative effect of the change in provider however, this is not due to the merger in our opinion but the retirement of Dr Shurmer and it is likely, would have occurred with a transition to any other provider.

No issues of concern have been identified with the proposed merger.

8. Workforce

The practice has provide assurance that there will be no redundancies as a result of this merger. All staff employed at Stannington Medical Centre will continue to be employed by the merged practice, including the salaried GP, offering some continuity of care and experience for Dr Shurmer's patients.

9. Recommendations for Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to:

Approve the application to merge Stannington Medical Centre Health Centre with Walkley House Medical Centre with the recommendation that the practice continues to review and measure the impact of change and to work with the Quality and Engagement teams to further mitigate against any that may arise post-merger.

Paper prepared by: Abigail Tebbs, Deputy Director of Primary Care
On behalf of: Sandie Buchan, Director of Commissioning Development

16 June 2022

Appendices to this Application

Appendix 1 Practice Case for Change

Appendix 2 Quality and Equality Impact Assessment

Appendix 3 Analysis of Patient Engagement Results

Business Case for Practice Merger

1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.

In line with the guidance this application would be for a model 3 merger noting that Walkley House Medical Centre hold all contracts relating to the two practices wishing to merge at the time of this application. If agreed this would mean one contract delivered from two sites

(Model 3: GP partners from Practice A join the partnership of Practice B and Practice A ceases trading. The Commissioner terminates Practice A's contract and varies Practice B's contract to include the services originally provided by Practice A)

With the retirement of Dr Shurmer (single handed) from Stannington Medical Centre the merger will provide a consistent service to his patients. Walkley House's branch site is housed in the same building as the Dr Shurmer practice so this offers services to his patients with very little disruption

The Practice staff have all been informed and the 3 receptionists, 1 Practice Nurse and 1 Salaried GP from Dr Shurmer's site will have continuous employment going forward

Both sites already use SystmOne and have always worked quite closely together

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The key messages for us are that the merging of the two contracts will be highly beneficial to all patients, as outlined in the points below:

- It is a move towards larger, more sustainable services delivered at scale, creates opportunities to widen our accessibility to the total registered group. The sharing of premises and resources will support the us to provide the best possible care to our patients.
- The move to expand the second site into the one shared premises will give rise to more efficiencies and opportunities to create more space for not only the practice to utilise but opens up potential for the network.
- Stannington Medical Centre (Shurmer) contract was opted out of delivering the network DES and a Local Incentive Scheme was in place for WEST5 network to deliver network services to this registered population. However since taking over this contract and with the move to merge, we are committed to be a leading practice within the network and would confirm this arrangement for all registered patients therefore the LIS arrangement would fall away, reducing the pressure on colleagues within the network.
- All patients as part of the merger will have access to all network benefits including access to additional clinical roles (ARRs) along with community / voluntary partners.
- Merging contracts and clinical systems at this time will allow us to further explore efficient, robust clinical ways of working as the technology across all the sites will be in place and can be used to its full potential especially with the introduction of ARDENS supported citywide.
- The aim is for patients to benefit from a wider skill base and the sharing of clinical expertise from a more multi-disciplinary workforce that includes community partners. The merging our clinical systems is therefore crucial to continuing on this path.
- Consistent engagement and further stability for WEST Locality as well as WEST5 Primary Care Networks (PCN)
- Both contracts offer a range of services from attached staff including IAPT, CBD, Counselling, Baby Clinic & antenatal, cryotherapy, CSW, travel clinic which will continue to be delivered across all sites which in turn offers patients a greater choice of available appointments to fit their lifestyle.
- Developing an agile and skills-based workforce is key to the practices' continued success. We have already embarked on a soft merge January 2022, and since then there has been a continuous review of back office functions, including alignment on policies

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and procedures (discussed at practice meetings). We have felt this has been essential in order to maximise efficiencies and ensure we are in the best position to offer our patients the highest standard of care available.

- During this process and the ultimate merging of the two contracts, we have clearly explained to staff that no jobs are at risk and staff will continue to be employed by Walkley House Medical Centre and Stannington surgeries.
- Both practices are performing at very similar levels with regards to their patients making use of online services with no difference in terms of their patient list registered for these services. As such, there is expected to be no negative impact on patients accessing these services.
- Walkley House currently have an online PPG group but with very few members. This will be developed by publicising the group again across both sites and although will remain mainly online, we will have a six monthly face to face meeting for patients to attend and give us their views

Background

Conversations to date with the CCG

In line with policy guidance our business case has been further discussed and developed in line with advice from the CCG's Merger Group. We have been working towards presenting the case for merger approval to the Primary Care Commissioning Committee (PCCC) at the meeting due to be held on Thursday 19th of May 2022.

Additional meetings with colleagues from Quality and Patient Engagement to further discuss our QEIA and identify any further actions have been ongoing and we are committed to continuing these post-merger as we monitor any impacts this merger will have on our total registered patient population. We have also taken a separate action to work with Quality colleagues in reviewing all CQC arrangements to ensure we are as prepared as possible for a visit usually planned to follow any major change in circumstances such as a merger.

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The practice has been working closely with IT colleagues from the CCG prior to commencing merger preparations as we have done extensive work around data quality already in preparation. We are confident that the actual system merge given our comprehensive work will not cause any major issues and have concentrated on minimising any risks and operational issues since we took over the practice from Dr Shurmer in January 2022.

Current conversations with IT colleagues have confirmed a provisional go live date of 30 June 2022 has been secured with SystmOne which coincides with the practices year-end for all financial arrangements and the end of quarter 1 for CCG accountancy purposes.

The practices and timelines

Walkley Medical Centre and Stannington Medical Centre

Group Practice of 9 GP's covering 59 sessions in total, with a large team of Nurses, HCA's and additional staff
Access across sites is available to patients

Stannington Medical Centre (Shurmer)

Dr Shurmer and partner held the contract here in Stannington for 29 years It was agreed that Dr Shurmer would retire 30 January 22 and that a contract variation to vary the GP's of Walkley House onto his contract, with him then varying off would take place.

Carol Shurmer (Practice Nurse) retired in January as well, Walkley House now provide nursing care to Dr Shurmer's patients

Sharon Thompson (Practice Manager) retired at the same time so management of the Practice was passed to the Management Team at Walkley House

Additional operational benefits as a result of merging will include:

- MDT meetings, these are held every 6 weeks
- Safeguarding, we have now have a large team to help our safeguarding lead. Any issues are discussed in our weekly Practice Meetings

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- Resilience – we have a large team with a mix of skills to enable continuation of service at all times
- Young clinical team and mix of partners and salaried to complement
- Working at scale will offer stability for recruitment and opportunities for further internal development of staff – we have 3 apprentices working at the Walkley site, from receptionist to HCA and Trainee Nurse Apprentice
- Stable workforce when considering any additional services through network DES or more LCS opportunities
- Full utilisation of virtual technology – ie staff meetings via MS teams to ensure all staff across both sites are included and ongoing online training for all staff
- Consistent plan of training and development for all staff with full utilisation of blue stream for mandatory training
- High achievement in QOF, Quality targets, online accessibility
- New website being developed with online triage to be available
- Consideration for additional opening hours if needed

2. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1 – Main site	Current Provision – Branch site	Current Provision – Practice 2 Main	Merged Practice
Name and address of practice (provide name)	Walkley House MC Greenhow Street Sheffield	Stannington MC Uppergate Road Sheffield S6 6BX	Stannington MC Uppergate Road Sheffield S6 6BX	Walkley House & Stannington Medical Centre

and address)	S6 3TN			
Contract type (GMS, PMS, APMS)	GMS		GMS	GMS
Name of contractor(s)	Walkley House MC	Walkley House MC (Stannington branch)	Stannington MC (Dr Shurmer)	Walkley House & Stannington Medical Centres
Location (provide addresses of all premises from which practice services are provided)	Walkley House MC Greenhow Street Sheffield S6 3TN (Branch site) Uppergate Road Sheffield S6 6BX	Uppergate Road Sheffield S6 6BX	Uppergate Road Sheffield S6 6BX	Walkley House MC Greenhow Street Sheffield S6 3TN (Branch site) Uppergate Road Sheffield S6 6BX
Practice area (provide map of area)				
List size	12,505 as 01.02.22		3,228 as of 01.02.22	15,733 as of 01.02.22
Number of	Dr Stuart Oliver (Senior	Dr Stuart Oliver (Senior	Dr Jenny Stephenson	Dr Stuart Oliver (Senior Partner)

<p>GPs and clinical sessions</p>	<p>Partner) 4 sessions</p> <p>Dr Charlotte Bridge (Partner) 4 sessions</p> <p>Dr Kate Martin (Partner) 4 sessions</p> <p>Dr Danielle McSeveney (Partner) 2 sessions</p> <p>Dr Kim Paul (Partner) 4 sessions</p> <p>Dr Jane Craig (Salaried) 5 sessions</p> <p>Dr Rachel Tibbits (salaried) 4 sessions</p> <p>Dr Jess Skilling (Salaried) 5 sessions</p> <p>Dr Daniel Sullivan (Salaried) 3 sessions</p>	<p>Partner) 4 sessions</p> <p>Dr Charlotte Bridge (Partner) – 2.5 sessions</p> <p>Dr Kate Martin (Partner) 2.5 sessions</p> <p>Dr Danielle McSeveney (Partner) 4 sessions</p> <p>Dr Kim Paul (Partner) 2 sessions</p> <p>Dr Rachel Tibbits (salaried) 1 sessions</p> <p>Dr Jess Skilling (Salaried) 5 sessions</p> <p>Dr Daniel Sullivan (Salaried) 5 sessions</p> <p>Total 26</p>	<p>(Salaried) 5 sessions</p>	<p>8 sessions</p> <p>Dr Charlotte Bridge (Partner) 6.5 sessions</p> <p>Dr Kate Martin (Partner) 6.5 sessions</p> <p>Dr Danielle McSeveney (Partner) 6 sessions</p> <p>Dr Kim Paul (Partner) 6 sessions</p> <p>Dr Jane Craig (Salaried) 5 sessions</p> <p>Dr Rachel Tibbits (salaried) 5 sessions</p> <p>Dr Jess Skilling (Salaried) 5 sessions</p> <p>Dr Daniel Sullivan (Salaried) 8 sessions</p> <p>Dr Jenny Stephenson (Salaried) 5 sessions</p>
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	Total 35			Dr Hannah Shillito (Salaried) 5 sessions All Dr's work across both sites
Number of other practice staff	Senior Practice Nurse x 1 Practice Nurses x 4 HCAs x 4 Administration x 5 Receptionists x 15		Practice Nurse x 1 Receptionists x 3	Senior Practice Nurse x 1 Practice Nurses x 5 HCAs x 4 Administration x 5 Receptionists x 18
Number of hours of nursing time	Senior Practice Nurse – 26.5 Practice Nurses - 53 HCA - 112		Practice Nurse - 16	Senior Practice Nurse – 26.5 Practice Nurses – 69 HCA - 112
Attached / Community staff and additional services	Pharmacists IAPT Door 43 Mental Health Worker Physiotherapist Paramedic	Pharmacists IAPT Door 43 Mental Health Worker Physiotherapist Paramedic	IAPT	Pharmacists IAPT Door 43 Mental Health Worker Physiotherapist Paramedic

CCG area(s)	Sheffield CCG		Sheffield CCG	Sheffield CCG
Which computer system/s	SystemOne		SystemOne	SystemOne
Clinical governance/ complaints lead and systems	Dr Stuart Oliver Johanne Shirt			Dr Stuart Oliver Johanne Shirt
Training practice (yes/no)	Yes (August 2022)		No	Yes (August 2022)
Reception Opening hours (list days and times)	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1500 Friday 0800 - 1800	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1300 Friday 0800 – 1800	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1300 Friday 0800 – 1800	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1500 Friday 0800 - 1800

Telephone line access	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1300 Friday 0800 - 1800	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1300 Friday 0800 - 1800	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1200 Friday 0800 - 1800	Monday 0800 – 1800 Tuesday 0800 – 1800 Wednesday 0800 – 1800 Thursday 0800 – 1500 Friday 0800 – 1800
Extended hours	Monday 0700 – 0800 Thursday 0700 - 0800			Monday 0700 – 0800 Thursday 0700 - 0800
Enhanced services (list all enhanced services delivered)	LD Dmards Anti Coag Ring Pessaries Minor Surgery DES Coils/Implants Zoladex Quality Contract Network DES		LD Dmards Anti Coag Quality Contract	LD Dmards Anti Coag Ring Pessaries Minor Surgery DES Coils/Implants Zoladex Quality Contract Network DES

Premises	Owned by Partners		Owned by Partners	Owned by Partners
CQC – Appendix 4 (a and b)	Overall : Good		Overall Good:	.
Websites	www.walkleyhouseandstannington.co.uk			New Website will be created following the merger www. Walkleyhouseandstannington.co.uk
PPG	Virtual			New PPG to be developed with patients across all sites
Digital technology	Accurx Ardens INR star Lexacom		Accurx INR Star	Accurx INR Star Ardens Lexacom
National Patient Survey Results				

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

- In the best interest of the patient population we intend to deliver a continued service to Dr Shurmer's patients due to his retirement
- To provide a strong foundation to continue to improve our services by having more space available to be able to offer and house more services
- To continue to provide a service to Dr Shurmer's patients within the same building so with very little change for them
- All patients will have access to a full complement of Practice staff – Dr's, Nurses, HCA and administration staff
- Increase in patient choice with a choice of appointments over sites
- Increase in nursing team capacity as the team expands to offer more services in house for Dr Shurmer's patients e.g coil fitting, implants, pessaries etc. The team will be managed by our Senior Nurse
- Increased accessibility for Dr Shurmer's patients to access phlebotomy service with in-house appointments daily and home visits when needed
- Dr Shurmer's patients will now have access to a Pharmacist team who will do medication reviews, encourage Repeat Dispensing and the use of ETP (Electronic Transfer Pharmacy)
- Increased accessibility to patients with an increase in appointments across all sites
- Dr Shurmer's patients will now be able to access services offered through West 5 Network – Mental Health Workers, Paramedic, Physiotherapists, Pharmacists and Phlebotomy Home Visiting Service
- The full merger will allow the use of one ODS code for the Practices. This will be more efficient than the system at the moment where we are still listed with 2 codes and are having to do separate claims and separate accounts, this is very time consuming so will allow more administration time for other priorities
- With the increase in patient numbers and accommodation we are in a position to offer more services to all the patients and will look at new DES or additional LCS that become available

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

- With the merger we will have more space to be able to offer more services to all the patients and would be able to offer room for the other practices in our network to use
- Extensive work has already been done with integrating all the practice staff with training events and social events so we all become one comprehensive team, this will benefit the patients with a consistent service being delivered across the sites
- Extensive work is being undertaken with procedures and protocols to ensure consistent high quality patient care for all
- At the present time we are working with shared admin functionality over the sites but merging will allow us all to work more effective from one clinical system all using the same templates

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.

Premises	
IT	System merger costs covered by NHS Sheffield CCG
TUPE	N/A – All staff were absorbed as part of the takeover / merger.
Redundancy	N/ A – there will be no redundancies

Please provide comments <u>from a financial perspective</u> on the following matters if they are relevant to the proposed practice merger.	
QOF	
Pension/seniority	There is no longer any seniority payments made to practices
MPIG/PMS Premium	N/A
Dispensing	N/A

4. Service delivery

Please provide comments <u>from a service delivery perspective</u> on the following matters if they are relevant to the proposed practice merger.	
QOF	To continue under one C-code
Access	
Primary Care Web Tool	N/A
Recent of ongoing breaches of contract	There have been no contractual breaches for either of these practices noted.
Recent or pending CQC matters	There have been no recent or pending CQC matters

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.

If one practice's service delivery is of a lower standard, is there a proposal to improve performance	NA
Will there be any cessation of services post-merger?	No
Will there be a reduction of hours for which services are provided post-merger?	No
Will there be a change in the hours at which services are provided?	No
Will there be a reduction in the number of locations or a change in the location of premises	No

Please provide comments <u>from a service delivery perspective</u> on the following matters if they are relevant to the proposed practice merger.	
from services are provided?	
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	Walkley previously had 12,000 patients so have systems in place to ensure resilience to ensure performance and patient experience is maintained and improved

5. Patient and stakeholder engagement

Please provide comments on the following matters.	
Have the practices engaged with patients and/or stakeholders on the practice merger?	Yes, questionnaires have been set out to all patients across all sites

Please provide comments on the following matters.

Do the practices intend to engage with patients/stakeholders?

When did/will you engage with patients/stakeholders?

Questionnaires sent out in March 2022

In what form did/will you engage with patients/stakeholders?

With whom did/will you engage?

If you have already carried out engagements, what was the outcome?

6. Contractual actions

Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.

Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.

7. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.

8. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B.

8. Additional information

Please provide any additional information that will support the proposed practice merger.

9. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.

[name]	[signature]
[name]	[signature]
[name]	[signature]

Summary of Quality & Equality Impact Assessment

Date of print: 17/06/2022

Quality Impact Assessment Overview

Positive

Negative

Safety

Effectiveness

Experience

System & Other Impacts

Overall Quality

Title of change proposal

Merger of Walkley House & Stannington MC & Dr Shurmer's Practice

Summary description of the change Proposal

With Dr Shurmer's retirement, Walkley House & Stannington Medical Centre have agreed to take over their patients with an official merger date of 30.06.22

Total Quality Impact

Total Quality Score - No overall change

Total Impact score (using absolute values) 0 Low Impact

System & Other Impacts Score - No overall change

Equality Impact

Equality Impact Assessment: Groups affected 1 Consider actions to mitigate

Sum of +ve and -ve impacts 0 Equality Impact Assessment not completed

Engagement Activity No

Completed by: J Shirt

Reviewed by: 0

Outcome of Review: 0

Date of Review: 00/01/1900

[Click to return to menu](#)

Equality Impact Assessment

[Click here to go to Useful Links...](#)

In order to demonstrate compliance with the Equality Act 2010

Do I need to complete this analysis?

- If you are introducing change, you should complete this analysis.

What do I need to do?

- Be proportionate to your work - you will know the significance of the work you are carrying out
- Be reasonable in your judgement and completion of the analysis
- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues
- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan
- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this tool.

When considering the potential impact on those that share protected characteristics, think about:

- if there are any unintentional barriers to particular communities
 - whether your project/ plan will bring about positive improvements
 - if it creates good opportunities for accessing services
 - will it improve personal choice for one particular group and not another
 - the consequences for individual people; people can have more than one protected characteristic
 - both people who use the service and staff
- Have you identified any potential discrimination or adverse impact that cannot be legally justified?**

Geography, hospital, department
or other area this applies to:

A description of the clinical area(s) the change impacts on.

Walkley House & Stannington Medical Centre & Dr Shurmer's Practice	With Dr Shurmer's retirement, Walkley House will be taking over the contract to provide services for his 3,300 patients. Walkley House will be employing the existing staff that remain, this includes Dr J Stephenson (Salaried GP), Colette (Practice Nurse) and 3 reception staff
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Equality and Diversity Profile Screening

Protected Groups	Potential People with protected characteristics	Does this group currently use/access the service?	What impact will there be on each group from the proposal?	No's people Affected	Impact Score	Is there any particular information on this group relating to the proposal? Outline any evidence of current use. Outline evidence from engagement activities including involving communities. Any further information?	Has there been specific engagement or consultation with this group?
Sex	Women	Yes	Neutral	8041	0		No
	Men	Yes	Neutral	7702	0		No
Ethnicity	Arab	Yes	Neutral	0	0		No
	Asian	Yes	Neutral	0	0		No
	Black African	Yes	Neutral	0	0		No
	Black Caribbean	Yes	Neutral	0	0		No
	Chinese	Yes	Benefit	0	0		No
	Irish	Yes	Neutral	0	0		No
	Roma	Yes	Neutral	0	0		No
	Mixed ethnicity	Yes	Neutral	0	0		No
	White British	Yes	Neutral	0	0		No
	White other	Yes	Neutral	0	0		No
other ethnic backgrounds	Yes	Neutral		0		No	
Disability and additional needs	Physical	Yes	Neutral	0	0		No
	Sensory (hearing/visual)	Yes	Neutral	0	0		No
	Learning Disabilities	Yes	Neutral	0	0		No
	Autistic Spectrum Condition	Yes	Neutral	0	0		No
	Mental Health	Yes	Neutral	0	0		No
	Dementia	Yes	Neutral	0	0		No
Other long term conditions	Yes	Neutral	0	0		No	
Sexual Orientation	LGBT+	Yes	Neutral	0	0		No
Gender reassignment		Yes	Neutral	0	0		No
Age	0-4 years old	Yes	Neutral	877	0		No
	5 - 17 years old	Yes	Neutral	1904	0		No
	18 - 64 years old	Yes	Neutral	9823	0		No

65 - 85 years old	Yes	Neutral	2740	0		No
	Yes	Neutral	399	0		No
Faith or Belief	Yes	Neutral	0	0		No
	Yes	Neutral	0	0		No
	Yes	Neutral	0	0		No
Others	Asylum seekers and refugees	Yes	Neutral	0	0	No
	Digitally excluded	Yes	Neutral	0	0	No
	Homeless	Yes	Neutral	0	0	No
	Carers	Yes	Neutral	0	0	No
	Rurally Isolated	Yes	Neutral	0	0	No
Inequalities Check	Least deprived parts of the population	Yes	Neutral	0	0	No
	Most deprived parts of the population	Yes	Neutral	0	0	No
Have you engaged in public engagement activities?						No

Total number of groups affected

37

1

Groups covered by engagement activities.

0

Total Impact Score

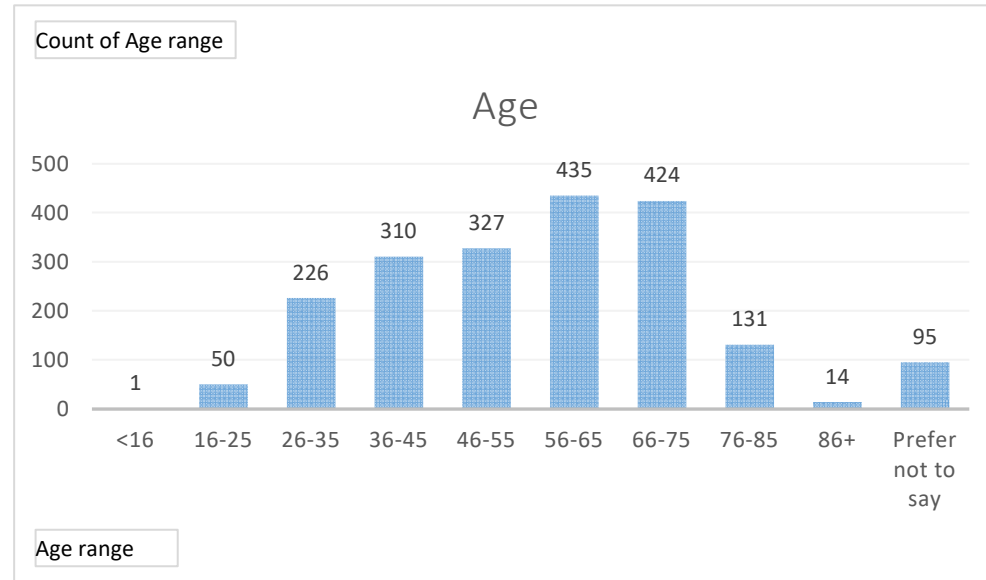
0

Next Steps (Summary)

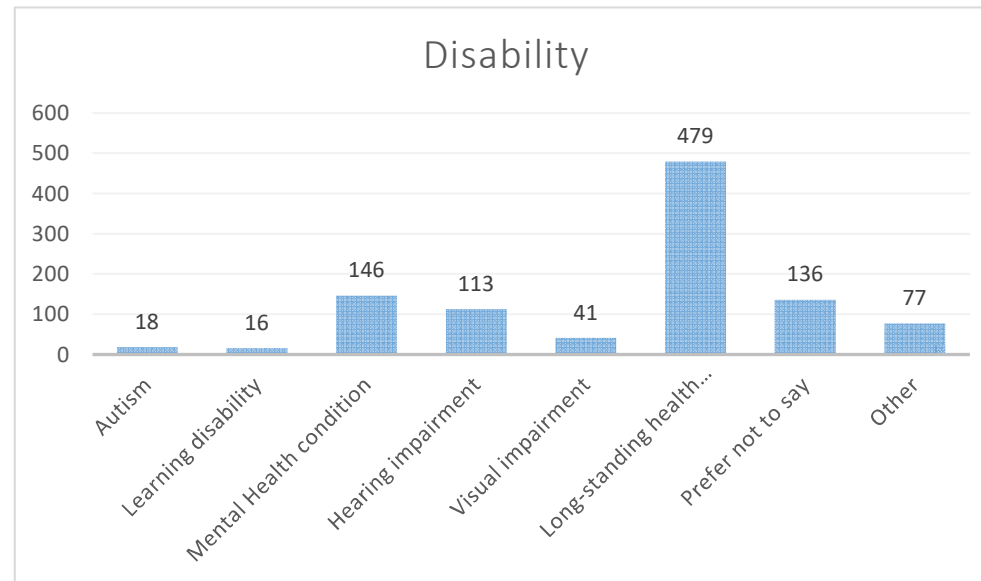
Outline any actions to ensure equality and engagement?

EIA Completed?

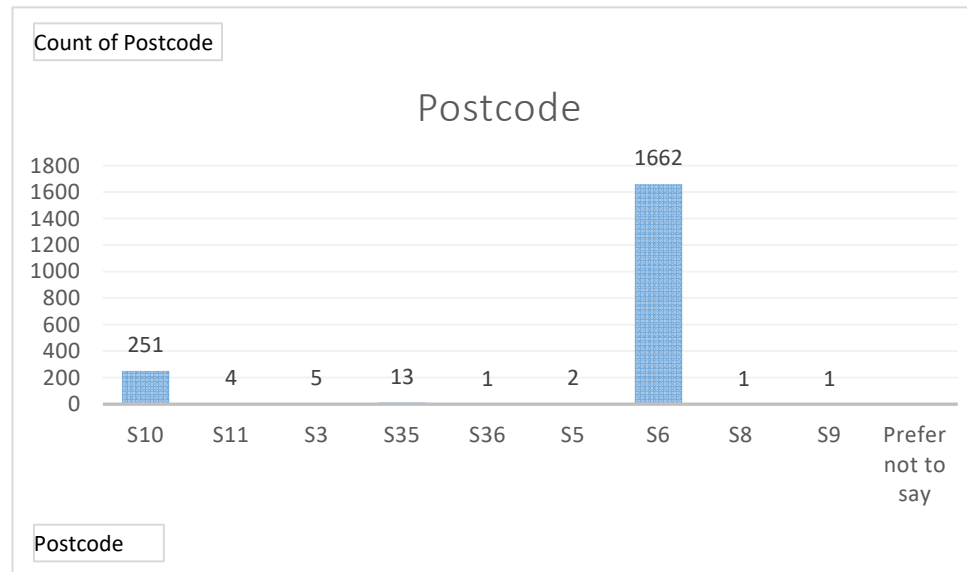
Row Labels	Count of Age range
<16	1
16-25	50
26-35	226
36-45	310
46-55	327
56-65	435
66-75	424
76-85	131
86+	14
Prefer not to say	95
Grand Total	2013



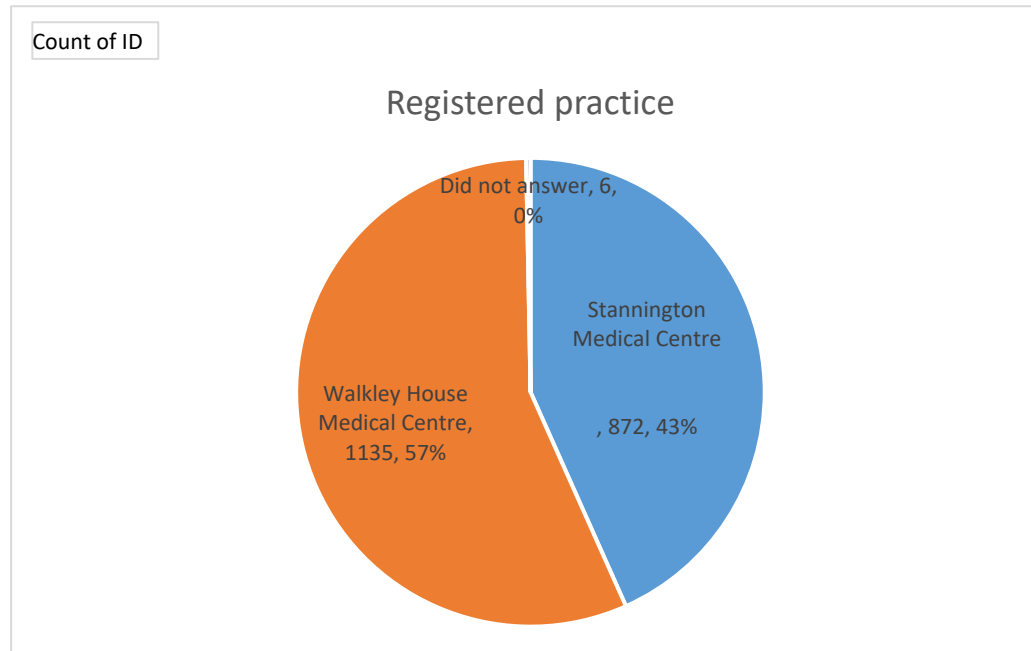
Autism	18
Learning disability	16
Mental Health condition	146
Hearing impairment	113
Visual impairment	41
Long-standing health condition or illness	479
Prefer not to say	136
Other	77



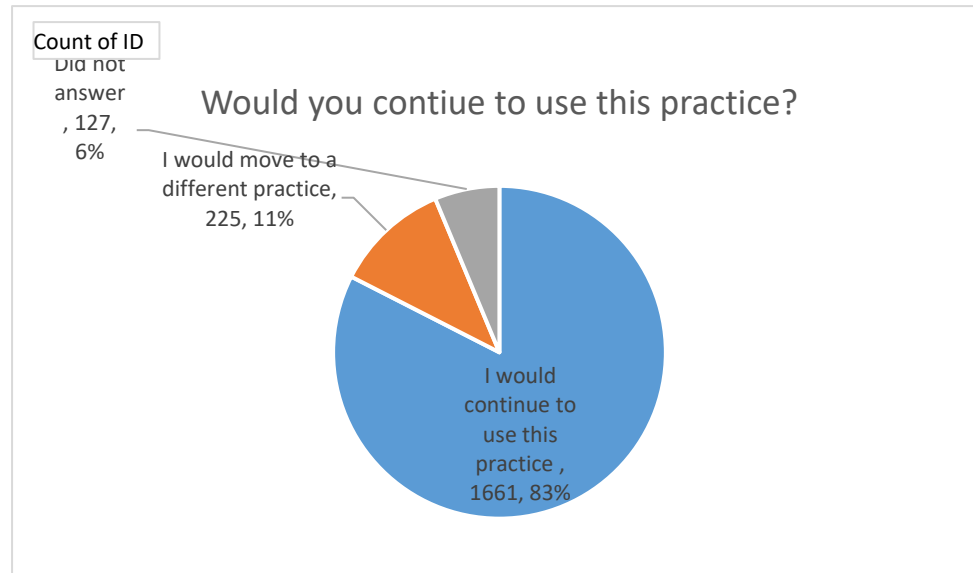
Row Labels	Count of Postcode
S10	251
S11	4
S3	5
S35	13
S36	1
S5	2
S6	1662
S8	1
S9	1
Prefer not to say	
Grand Total	1940



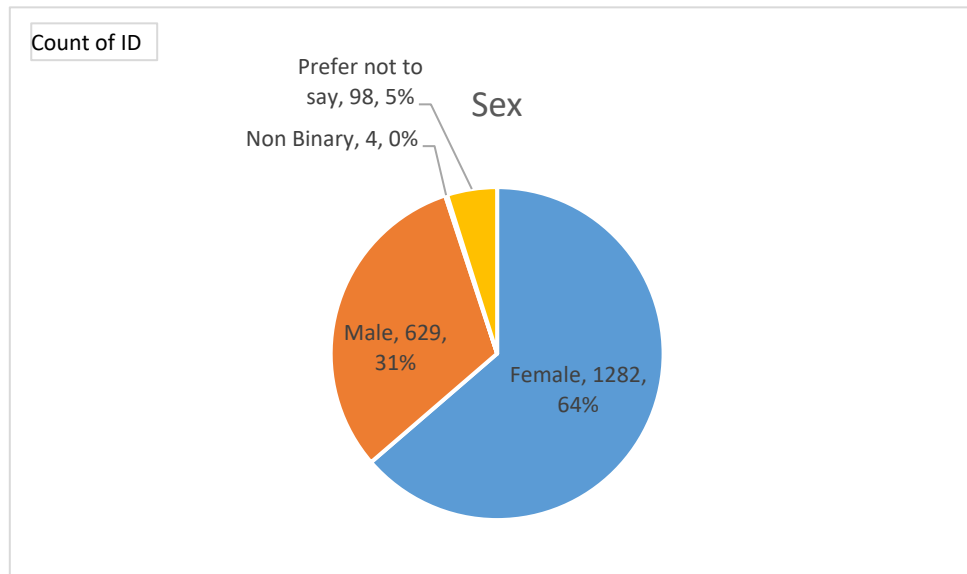
Row Labels	Count of ID
Stannington Medical Centre	872
Walkley House Medical Centre	1135
Did not answer	6
Grand Total	2013



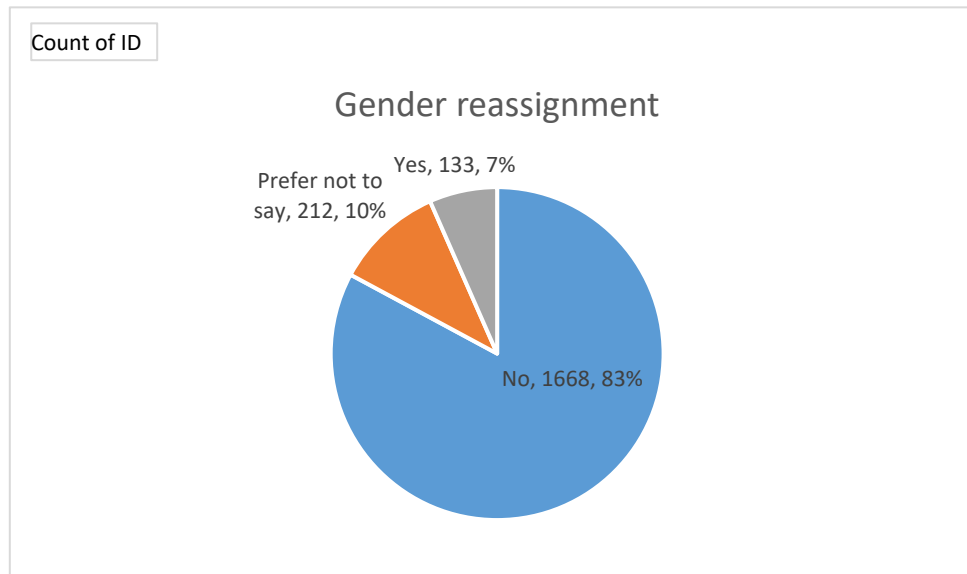
Row Labels	Count of ID
I would continue to use this practice	1661
I would move to a different practice	225
Did not answer	127
Grand Total	2013



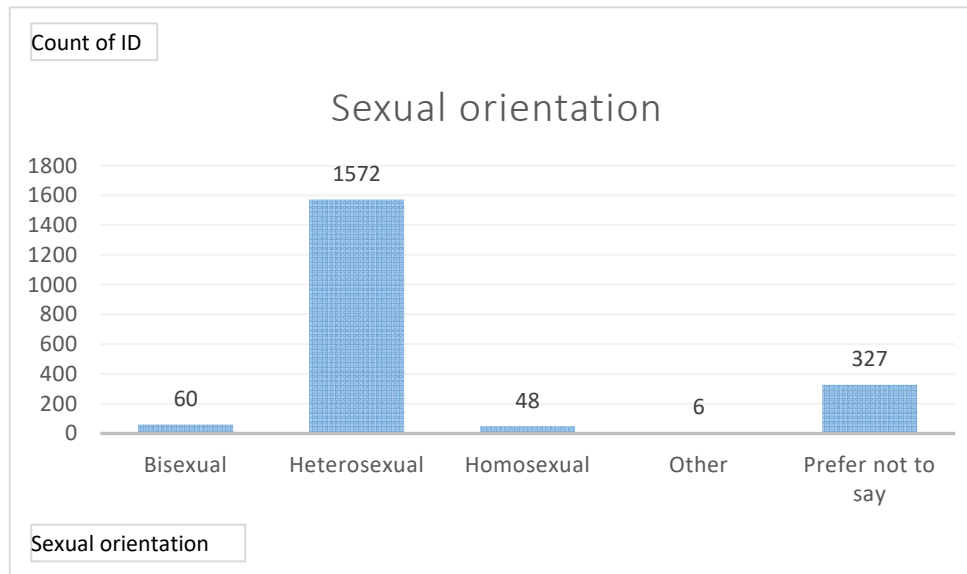
Row Labels	Count of ID
Female	1282
Male	629
Non Binary	4
Prefer not to say	98
Grand Total	2013



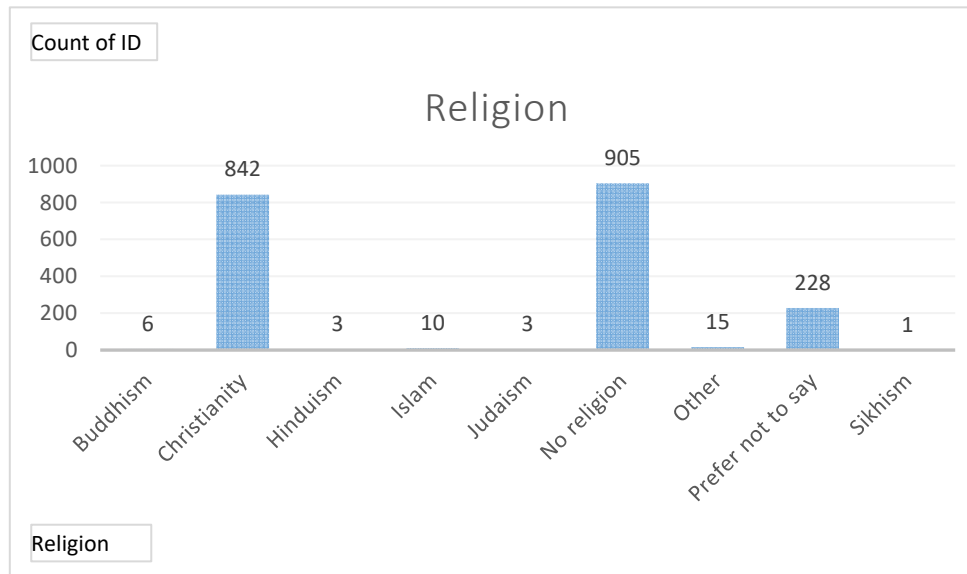
Row Labels	Count of ID
No	1668
Prefer not to say	212
Yes	133
Grand Total	2013



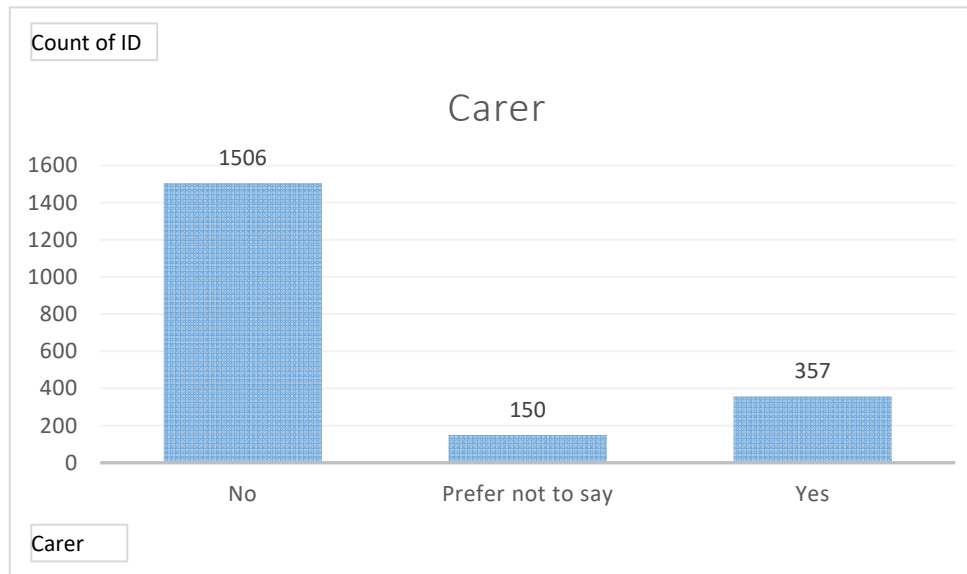
Row Labels	Count of ID
Bisexual	60
Heterosexual	1572
Homosexual	48
Other	6
Prefer not to say	327
Grand Total	2013



Row Labels	Count of ID
Buddhism	6
Christianity	842
Hinduism	3
Islam	10
Judaism	3
No religion	905
Other	15
Prefer not to say	228
Sikhism	1
Grand Total	2013



Row Labels	Count of ID
No	1506
Prefer not to say	150
Yes	357
Grand Total	2013



Row Labels	Count of ID
Arab	4
Asian or Asian British - Any other Asian background	5
Asian or Asian British - Chinese	3
Asian or Asian British - Indian	9
Asian or Asian British - Pakistani	4
Black or Black British - African	2
Black or Black British - Any other Black background	1
Black or Black British - Caribbean	5
Mixed - Any other mixed background	7
Mixed - Asian and White	8
Mixed - Black African and White	3
Mixed - Black Caribbean and White	6
Prefer not to say	177
Roma	1
White - Any other White background	65
White - British	1710
White - Gypsy or Traveller	1
White - Irish	2
Grand Total	2013

